



PART B - FEE(S) TRANSMITTAL

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46296 7590 08/28/2008
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<i>Ira Richardson</i>	(Depositor's name)
<i>Ira Richardson</i>	(Signature)
<i>11-26-2008</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/624,352	07/22/2003	Christopher Patrick Abbey	ROC920030219US1	7582

TITLE OF INVENTION: APPARATUS AND METHOD FOR AUTONOMICALLY DETECTING RESOURCES IN A LOGICALLY PARTITIONED COMPUTER SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	11/28/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS	DATE	TIME	AMOUNT	STATUS
DOAN, DUC T	2188	711-173000 01 FC:1501	11/26/2008	15:00	DA	300.00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list ^{300.00} ~~300.00~~ ^{DA} ~~DA~~
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Martin & Associates, LLC
2 Derek P. Martin
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTERNATIONAL BUSINESS MACHINES CORPORATION, Armonk, New York 10504

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0465 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

James R. Nock

Date November 13, 2008

Typed or printed name

James R. Nock

Registration No. 42,937

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